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THE
ANNUAL REPORT



OF THE
Medical Officer of Health,
TO THE
BLOFIELD RURAL DISTRICT COUNCIL,
FOR THE YEAR
1911.

BLOFIELD RURAL DISTRICT.



*To the Chairman, Ladies and Gentlemen of the
Blofield Rural District Council.*

Ladies and Gentlemen,
I beg to submit the following report on the health and sanitary condition of your District for the year 1911.

POPULATION. The population of the District, as enumerated at the recent census, is 12,159, as compared with 11,845 in 1901. These figures include the large population (over 1,000) of the County Asylum, which is drawn, not only from all parts of the County of Norfolk, but also to some extent from distant Counties. The average age of the Asylum inmates is far higher than that pertaining to the ordinary population, and they are, moreover, the subjects of special diseases, such as epilepsy and phthisis, which give rise to a very high rate of mortality. It is obvious therefore that, were this population included in the statistical figures of my report, it would result in making those statistics valueless for comparison with those of other rural districts. I have therefore, throughout this report, dealt with the County Asylum altogether apart from the district as a whole.

The population of the District, with the County Asylum eliminated, was—

At the Census of 1891	...	...	11,246
„ „ 1901	...	...	10,928
„ „ 1911	...	...	11,026

From this it will be seen that the population has varied but little in the last twenty years, and that although in the last ten years it has increased by 98, the nett result is a loss of 220.

The figures become more interesting when the gain or loss in in the population of individual Parishes is considered. Acle shows an increase of 98, which exactly absorbs the total addition of population to the whole district for the ten years. Blofield has increased by 58; Lingwood, which in the previous decennial period had added 33 to its population, has still further increased it by 57. Ranworth-cum-Panxworth on the other hand, has a population of 318 as compared with 415 at the census of 1891—a loss of just

25 per cent. in twenty years. Other Parishes showing decided losses in population are Great and Little Plumstead, Freethorpe, Limpenhoe, South Walsham, Beighton and Hemblington. The analysis shows that in those Parishes which have agriculture as their sole industry, the population is steadily declining, while an increase is observable in those Parishes which are either residential or have some other industry, such as fruit farming, for the employment of labour.

BIRTHS. The number of births registered during the year was 247, to which must be added one transferred birth, making the total 248. The birth rate stands at 22.4 which is below the average for this and other rural Districts. There were 17 illegitimate births.

DEATHS. The number of deaths registered in the District, together with nine "residents not registered in the District" (transferable deaths), and four deaths in the County Asylum of persons belonging to this District, make a total of 137 and gives a death rate of 12.4, which is eminently satisfactory even for a rural District.

There were but three deaths which were uncertified.

INFANT MORTALITY. The District is again to be congratulated on a low infantile mortality rate. The total number of deaths under one year was only 19, and as there were 248 births, the death rate per 1000 births is found to be 76.6. There were no deaths among infants from the ordinary infectious diseases, but as might be expected with a long, hot and dry summer, favouring the infection of milk with microbes, carried by both flies and dust, there were some fatalities from diarrhœa and enteritis. The four deaths registered as due to these two diseases must be classed among "preventible deaths" for the lives of these infants would probably have been saved had proper precautions been taken to protect their food from infection.

The well known fact that illegitimate infants have a poor chance of survival, as compared with those born in wedlock, is illustrated by this year's rates; the death rate per 1000 births among illegitimate infants being 125, while among the legitimate it is only 73.

Miss Bernard Boyce's pamphlet on the feeding of infants continues to be given to each parent on the registration of the birth of an infant, and I believe the low infantile mortality enjoyed by this District is to some extent due to the excellent advice contained therein being followed by parents.

OLD AGE MORTALITY. The number of deaths of persons over the age of 65 is below the average. This is perhaps accounted for by the mildness of the weather during the winter months of 1911. Of the fifty-five deaths at ages over 65 in Table III., twenty-two are classified under "diseases ill-defined or unknown." These include a large number certified as due to "old age" and "decay of nature."

ZYMOTIC DISEASE.

Cases notified 19. Rate per 1000 population (including Asylum) 1.5. One fatal case.

Distribution of Notified Infectious Disease.

LOCALITY.	Enteric.	Continued Fever.	Diphtheria.	Scarlet Fever.	Phthisis.	Totals.
Acle ...	1	—	—	—	—	1
Asylum ...	1	—	—	—	—	1
Blofield ..	—	1	—	—	—	1
Brundall ..	—	—	—	1	—	1
Postwick ...	—	—	—	3	—	3
Reedham ...	1	—	—	—	—	1
South Walsham	—	—	—	1	—	1
Thorpe ...	1	—	—	6	—	7
Wickhampton	—	—	1	—	—	1
Woodbastwick	—	—	—	1	1	2
Totals ...	4	1	1	12	1	19

The above Table shows that during the year the District has been remarkably free from infectious disease and that there has been an entire absence of infectious disease in epidemic form. Thorpe and Postwick schools were each closed for a fortnight, in consequence of the prevalence of scarlet fever and sore throats, and with this exception the work of the elementary schools has not been seriously interfered with by infectious disease, as the so-called minor infectious diseases, whooping cough, measles, chicken pox, and mumps, have also been conspicuous by their absence from the District.

ENTERIC FEVER. Four cases have been notified, all independent of each other. In the Acle case the infection was derived from Brittany, and in the Reedham case there was a strong suspicion of infection from mussels. In the remaining two cases the source of infection was not traced.

No difficulty was experienced in the nursing or the disposal of the excreta of these patients, except in the Thorpe case which was very promptly removed to the Norfolk and Norwich Hospital.

CONTINUED FEVER. This was a case diagnosed bacteriologically as para-typhoid.

DIPHTHERIA. This disease has been in the ascendant in the District for the last few years. Eight cases were notified in 1908, thirteen in 1909, and eighteen in 1910. It is therefore very satisfactory to have only a single case to record for 1911.

The increase in this much feared disease in recent years is more apparent than real and is due to the fact that in every suspicious case of sore throat a swab is now taken and sent to Dr. Claridge, who acts as bacteriologist to the District, for report. In a certain number of cases the specific bacteria of diphtheria are discovered. The case is then notified and precautions taken to prevent the spread of the disease by isolating the patient, while the persons living in the same house are protected by prophylactic injections of anti-toxin.

SCARLET FEVER. Twelve cases were notified. This is a small number when it is considered that the disease was very prevalent in the City of Norwich, on the borders of the District during the last four months of the year. In most instances I was able to trace the infection to this source.

The six cases in Thorpe were for the most part independent of each other and did not constitute an epidemic. It should also be noted that in the Parishes of Brundall, South Walsham, and Woodbastwick the infection did not spread beyond the primary case.

Disinfection by formic aldehyde vapour was carried out by the Inspector at the end of each case.

MEASLES. This, as well as other minor infectious diseases, have now become practically notifiable diseases through the system introduced by the School Medical Officer, which ensures District Medical Officers of Health having prompt information of all infectious illness occurring among children attending elementary schools. I am therefore able to report that, with the exception of one or two cases, in Thorpe, at the beginning of the year, and a very limited outbreak in Acle in December, this disease did not make its appearance in the District.

WHOOPING COUGH. During February, March, April and May, there were cases among children attending Reedham School; otherwise whooping cough was absent from the District. No deaths were registered as due to this disease.

CANCER. Nine deaths were registered as due to malignant disease. The number varies greatly from year to year, and only from observations extending over a lengthened period would it be possible to come to any conclusion as to the influence of locality over this disease. In the year 1910 there were as many as 21 deaths from cancer in the District. For the year under consideration at any rate the death roll was small, and the cancer death rate only .88 per 1000 population.

TUBERCULOSIS. As many as twelve deaths were registered as due to Pulmonary Phthisis, which gives the somewhat high Phthisis death rate of 1.98. There were no deaths from other tubercular diseases and consequently the tubercular death rate, which is usually higher than the Phthisis rate, is expressed by the same figure.

Under the Public Health (Tuberculosis) Regulations, 1908, I have received no notification, and under the Public Health (Tuberculosis in Hospitals) Regulations, 1911, I have only received one notification. From this it is obvious that these two regulations afforded little or no opportunity for dealing with the important question of consumption.

With the commencement of the current year (1912) under the Public Health (Tuberculosis) Regulations, 1911, notification of all cases of consumption becomes compulsory. The registration of every case of consumption will in itself be a great advantage in determining the extent to which the disease exists in this particular locality, and the special conditions under which it flourishes. The registration is however but a means to an end, and very full powers are given to District Councils under Article IX. of the Regulations to provide means for the early diagnosis of the disease, for the prevention of the spread of infection, and for the supply of medical and other assistance to patients.

Acting on my advice the Council have very wisely taken a first step by making provision for the early detection of the disease and have granted medical men practising in the District the privilege of obtaining free bacteriological examinations of sputum by Dr. Claridge, of St. Giles' Plain, Norwich.

In considering what further action should be taken to "supply medical or other assistance," to "prevent the spread of infection," and to "remove conditions favourable to infection," the Council will no doubt be guided by the numbers and position of life of those suffering from the disease in their District, as revealed by the registration of cases during the current year. It will also be borne in mind that, on the National Insurance Act coming into operation, a large sum of money will be provided for the building and maintenance of sanatoria to supply the needs of insured persons. In the County of Norfolk there will probably be a capital sum of about £10,000 and an annual grant of over £5,000 available for this purpose. But the Insurance Act by no means covers the whole ground. A large number of persons, and among them those who have most need of help, will have to rely on what assistance is afforded them by the action taken by the District Councils.

With regard to "the prevention of the spread of infection" I am already, with your approval, advising in every case of death from consumption the disinfection of the room occupied by the patient, and in necessitous cases providing the means for carrying this out. Paper spitting cups are also provided when considered necessary.

"The removal of conditions favourable to infection" will be best effected by carrying out in their entirety the provisions of the Housing and Town Planning Act.

The duties of the Medical Officer of Health in connection with these regulations require much care and circumspection, as it is very particularly laid down that the notification he receives should be considered as confidential, and that no action taken by the Council or their Medical Officer of Health should cause pain or annoyance to the patient or render him liable to any disability affecting himself or his employment.

SMALLPOX. Early in March I learnt from the Local Government Board weekly returns of infectious disease that there were four cases of smallpox in Great Yarmouth, and later I had information from the Medical Officer of Health for that borough that a "contact" was working in the Blofield district. The Council immediately made preparations for the possible extension of the outbreak into their District. A site for a temporary isolation hospital was selected, and arrangements made with Messrs. Boulton & Paul, of Norwich, to hold at the disposal of the Council, a suitable iron building which could be erected at the shortest possible notice. Happily the occasion did not arise to call into requisition the preparations which were made.

VACCINATION. The following are the Vaccination Statistics for the year :—

IN THE BLOFIELD SUB-DISTRICT.

Primary Vaccinations	...	...	...	...	87
Exemptions under the conscience clause	...				36
Summonses	...	...	...	...	0

IN THE SOUTH WALSHAM SUB-DISTRICT.

Primary Vaccinations	...	...	...	...	86
Exemptions under the conscience clause	...				32
Summonses	...	...	...	...	0

The record for the last ten years of the number of exemptions claimed will show how of late years the conscience of the District has quickened with regard to Vaccinations, especially since the issue of "Form Q."

EXEMPTIONS.			EXEMPTIONS.		
In 1902 there were	9		In 1907 there were	13	
1903	"	4	* 1908	"	39
1904	"	6	1909	"	43
1905	"	6	1910	"	44
1906	"	17	1911	"	68

* "Form Q" first issued.

It will require an epidemic of Smallpox with much suffering and many deaths before the public will re-awaken to a sense of the importance of Vaccination.

INFECTIOUS DISEASES HOSPITAL. The District has no Isolation Hospital. A report on the subject was presented by me for your consideration in December. The object of the report was to show that it would be inexpedient to provide an Isolation Hospital for this District alone. Such a Hospital would be either an inefficient one or would involve an unwarrantable expenditure for its maintenance. The report suggested the provision of a sufficient number of Hospitals distributed throughout the County, each supplying the combined needs of three or four Districts, to which patients might be conveyed by motor ambulance. This proposal was the subject of a circular letter to the several Rural District Councils in the County and the replies received were very generally in favour of the scheme. The Sanitary Committee of the Norfolk County Council were also invited to give the proposal their consideration.

Sanitary Condition of the District.

WATER SUPPLY. My report for the year 1908 contains a general description of the water supply of the District. Three new wells have been sunk and two have been cleaned out.

DRAINAGE. The greater number of villages are without public drains, the slop water as a rule being disposed of on the gardens. The Acle and the Blofield town drains continue to serve the purpose for which they were constructed without giving rise to nuisances. The outlet of the Freethorpe drain is within a few yards of a row of three cottages, and I consider it a danger to the health of the persons living in these cottages. The pipes, should be carried some distance further.

The Damgate drain, Acle. In January, a cesspool-polluted pool of water, covering just an acre of garden land in Damgate, and threatening the pollution of wells, was the cause of a serious nuisance. An old drain which had become blocked as it passed under the road was re-laid and the water conveyed through it to the marsh dyke. This nuisance is now not likely to recur.

PRIVIES AND ASHPITS. A very large proportion of the total number of insanitary conditions met with in a rural district are the result of improperly constructed privies. The work of dealing with this class of nuisance has been made easier by the provision of printed copies of plans for both pail and surface-bin privies. During the year forty-six privies have been either built or reconstructed on proper lines. Ten privies have been repaired.

THE NUISANCE AT POSTWICK. During the summer I made several visits to Postwick and inspected the refuse heap on the opposite side of the river. Although the season was exceptionally favourable to the multiplication of flies there was no serious repetition of the plague which made the village notorious the previous summer. Nevertheless flies were distinctly more numerous in Postwick than in other parts of the District, and in most of the cottages fly traps of various designs were kept in active operation.

The nauseating smell arising from the sludge trenches at the Norwich Corporation Sewage Farm was complained of again and again, and it is evident that the parish suffers as much as ever from this very serious nuisance. On August 9th, at the request of the Chairman, I attended a Meeting of the Postwick Parish Council which was called for the discussion of this nuisance. The subsequent report to the District Council is perhaps of sufficient interest to be included in this annual record of the sanitary condition of the District. It is as follows :—

“ Postwick.

Nuisance from (a) Norwich Sewage Farm.

(b) Heap of Norwich House Refuse.

Gentlemen,

I consider it my duty to once more direct your attention to two very serious nuisances affecting the health of the inhabitants of Postwick and other parishes in your District. The most important of the two arises from a heap of house refuse deposited on the bank of the river Yare by the Norwich Corporation. The other consists in the nauseating smell from the sludge trenches of the Norwich Sewage Farm. The smell under certain atmospheric conditions is carried for several miles from its source of origin, and wherever it penetrates it makes the life of the inhabitants unbearable.

Within the last few days I have had occasion to make two visits to Postwick in connection with the case of scarlet fever reported to you to-day and, on making enquiries in the village, I find that the nuisance both from the sewage farm and from the refuse heap are as pronounced as ever. During the early part of the summer, however, house flies have been less in evidence than during the same period last year, but within the last few days they have again appeared in such large numbers as to constitute a plague.

I have visited the refuse heap and find that more care than formerly is being taken to cover the refuse with mud, but as the unloading of the barges from Norwich is continuous, a large surface of filth is necessarily always exposed. River water without the admixture of any disinfectant is being thrown from a hose on the heap. This, no doubt, to some extent, diminishes the amount of dust, but can have little effect on the larvæ of the flies. An altogether inadequate amount of disinfectant is being used. There were a considerable number of flies seen about the heap but the office and the shed used for the men's meals, being now guarded by gauze doors, are not swarming with flies as was the case last summer. There is evidence of a large number of rats working in the heap.

I found that several children had been suffering from attacks of sore throat, and in some instances diarrhœa. I am unable to say definitely that these cases of illness and the case of scarlet fever are the result of infection derived from the refuse heap, but it is at least not improbable that this is the case. In the City of Norwich there has recently been a weekly average of about twelve

fresh cases of scarlet fever, and the interesting experiments of Dr. Moncton Copeman and Mr. Howlett conclusively proved that flies from the refuse heap visited Postwick in considerable numbers. It requires only one fly to carry a large consignment of microbes.

On August the 9th, by the invitation of the Chairman, I attended a Meeting of the Postwick Parish Council. The opinion generally expressed at this Meeting was one of surprise and indignation that, while the existence of a serious nuisance, dangerous to life, was admitted on all sides, not one of the public health authorities appealed to had taken steps for its abatement."

HOUSING AND TOWN PLANNING ACT, 1909. As stated in my Annual Report for 1910, sheets with headings corresponding with those given in Article II. and III. of the Local Government Board order of September 10th, 1910, are ready for recording the results of the systematic inspection of dwelling-houses and a list has been presented of forty-two dwelling-houses, "the early inspection of which is, in the opinion of the Medical Officer of Health, desirable." I have also in the course of the year directed the attention of the Council to the fact that the provisions of the Act were not being carried out in the District.

Discussions on the subject have been chiefly concerned with Part III. of the Principal Act, which has to do with the provision of new cottages in localities where it is found that the cottage accommodation is insufficient. I have endeavoured to explain the full scope of the Act, and have emphasised the great advantage of a *systematic inspection* of the District and the gradual collection of records of the sanitary condition of each cottage. As such a systematic inspection proceeded, defects in the construction of the cottages and their state of repair would be reported on, and the Council would take such action as they thought fit under Sections 15 and 17 of the Act. The water supply, drainage, privy accommodation, and any case of over-crowding discovered would also come under review, and when the records relating to any particular village were completed, there would be all the information at hand necessary to determine how far cottage accommodation was adequately provided for in that village.

Under the circumstances it is evident that I am unable to include in this report, as required by Article V. of the order of the Local Government Board of September, 1910, information in a tabular form of the number of the dwelling-houses inspected and the result of such inspections.

There were, however, three recommendations made for closing dwelling-houses "in a state so dangerous to health as to be unfit for human habitation," and in one instance a closing order was made.

Forty-one cottages were inspected, and of these fourteen have been put into habitable repair.

OVERCROWDING. In dealing with overcrowding the difficulty of finding a more suitable cottage for a labourer with a large family is ever present. The one case of overcrowding in which decisive action was taken resulted in the family being housed in the Workhouse.

SUPERVISED PREMISES. There are but few slaughter-houses in the District, and, although the position of these is not all that could be desired, they are kept in a satisfactory manner. Bye-laws with respect to slaughter-houses have been in force in the District for many years.

No active measures have been taken during the year with regard to the improvement of Dairies and Cowsheds. Many premises, owing to the construction of the cowsheds, are unable to be kept in accordance with the bye-laws in force in the District.

PARISH OF THORPE ST. ANDREW.

Population Census, 1891	...	1317 (without Asylum)
" " 1901	...	1507 " "
" " 1911	...	1468 " "
" " 1911 of the Asylum	...	1133
Number of "families of separate occupiers"	...	348
Average number of persons per house	...	4.2
Births	...	27
Birth-rate	...	18.3
Deaths	...	12
Death-rate	...	8.0
Zymotic Death-rate	...	.0

INFECTIOUS DISEASE. A single case of enteric fever was notified. The patient was at once removed to the Norfolk and Norwich Hospital for treatment. There were six cases of scarlet fever in the autumn and early winter. They were for the most part independent of each other, and the infection in some instances could be traced to Norwich, where the disease was prevalent at the time. There were no deaths from infectious disease.

DRAINAGE SCHEME. The date has been fixed for a Local Government Board enquiry consequent on the application to borrow money necessary for carrying out the work.

SCAVENGING. This continues to be carried out satisfactorily. I have received one complaint, which on investigation did not prove to be of a serious nature.

FACTORIES AND WORKSHOPS ACT, 1901.

A table dealing with matters under this Act is attached to this Report.

I have the honour to remain,

Your obedient Servant,

H. H. BACK, M.B. (Lond.),

Medical Officer of Health

to the Blofield Rural District Council.

Acle, Norfolk,

April, 1912.



The following is a Summary of the Sanitary Work done during the year :—

Complaints received	...	...	...	...	6
Nuisances detected without complaint	...	...	...	...	93
Nuisances abated	...	...	...	...	75
Notices served	...	...	...	...	99
Summonses taken out	...	...	...	...	1
Convictions	...	...	...	...	1
Cottages inspected	...	...	...	...	41
Bakehouses inspected	...	...	...	...	3
Houses disinfected	...	...	...	...	8
Overcrowding abated	...	..	...	...	1
Houses placed in habitable repair	...	...	...	...	14
Houses closed	..	...	...	...	1
Wells sunk	...	...	...	...	3
Wells cleansed	...	...	...	...	2
Pail or improved privies built, or existing privies altered	...	...	...	...	46
Privies repaired	...	...	..	...	10
Animals improperly kept removed	...	...	...	...	1
Drains repaired	...	...	...	...	6
Cesspools cleaned out	...	...	...	...	4
Ditches cleaned out	...	...	...	...	2

Infant Mortality during the Year 1911.

Nett Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Total under 1 Year.						Total Deaths under 1 Year.
	Under 1 Week.	2-3 Weeks.	1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.
Diarrhoea	—	—	—	2	1	—	3
Enteritis	—	—	—	—	—	1	1
Congenital Malformations ..	3	—	3	—	—	—	3
Premature Birth . . .	—	1	1	—	—	—	1
Atrophy, Debility and Marasmus ..	1	2	3	1	2	1	7
Convulsions	—	—	—	—	—	—	1
Bronchitis	1	—	1	—	—	—	1
Pneumonia (all forms) ..	—	1	1	—	—	—	1
Other causes	—	—	—	—	—	—	1
Totals ..	5	4	9	3	3	2	19
Births in the year { Legitimate = 231 Illegitimate = 16	Deaths in the year { Legitimate Infants = 17 Illegitimate Infants = 2						

Causes of, and Ages at Death during the Year 1911.

Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District:—

CAUSES OF DEATH.

	All Ages.	Under 1 Year.	1 and under 2 Years.	2 and under 5 Years.	5 and under 15 Years.	15 and under 25 Years.	25 and under 45 Years.	45 and under 65 Years.	65 and upwards.	Deaths in Institutions (County Asylum).
Enteric Fever	1	—	—	—	—	—	—	1	—	—
Phthisis (Pulmonary Tuberculosis) ...	12	—	—	—	1	1	7	3	—	25
Other Tuberculous Diseases ...	—	—	—	—	—	—	—	—	—	2
Cancer, Malignant Disease ...	9	—	—	—	—	—	1	5	3	1
Bronchitis	9	1	—	1	—	—	1	1	5	—
Broncho-Pneumonia	1	—	—	—	—	—	—	1	—	—
Pneumonia (all other forms) ...	4	1	—	1	—	—	1	—	1	2
Other Diseases of Respiratory Organs	2	1	—	—	—	—	—	—	1	6
Diarrhoea and Enteritis	4	4	—	—	—	—	—	—	—	7
Nephritis and Bright's Disease ...	1	—	—	—	—	—	—	—	1	—
Congenital Debility and Malformation, including Premature Birth	12	11	—	—	—	1	—	—	—	—
Violent Deaths, excluding Suicide ...	9	—	1	1	—	3	—	3	1	—
Suicides	6	—	—	—	—	—	2	2	2	1
Other Defined Diseases	42	1	—	1	1	—	7	13	19	47
Diseases ill-defined or unknown, including Senile Decay ...	25	—	1	—	—	—	1	1	22	23
	137	19	2	4	2	5	20	30	55	114

All Causes—Certified ... 134; Uncertified ... 3.

Cases of Infectious Disease notified during the Year 1911.

NOTIFIABLE DISEASE.		All Ages.	1-5 Years.	5-15 Years.	15-25 Years.	25-45 Years.	45-65 Years.	Total Cases Notified in the District.	
								Thorpe	Rest of District
Diphtheria (including Membranous Group) ...	...	1	—	—	—	—	—	—	1
Scarlet Fever ...	...	12	1	5	6	—	—	6	6
Enteric Fever ...	...	4	—	—	—	2	2	1	3
Continued Fever ...	...	1	—	—	1	—	—	—	1
Phthisis ...	...	1	—	—	1	—	—	—	1
Totals	...	19	1	5	2	2	2	7	12